in progress ... work in progress ... work

WORK IN PROGRESS

AN OVERVIEW

Brighton ● Camberwell ● Southport ● West Dorset

Nursing Development Units

WORK IN PROGRESS

AN OVERVIEW

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KING's FUND CENTRE

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The King's Fund Centre is a service development agency which promotes improvements in health and social care. We do this by working with people in health and social services, in voluntary agencies, and with the users of these services. We encourage people to try out new ideas, provide financial or practical support to new developments, and enable experiences to be shared through workshops, conferences, information services and publications. Our aim is to ensure that good developments in health and social care are widely taken up. The King's Fund Centre is part of the King's Fund.

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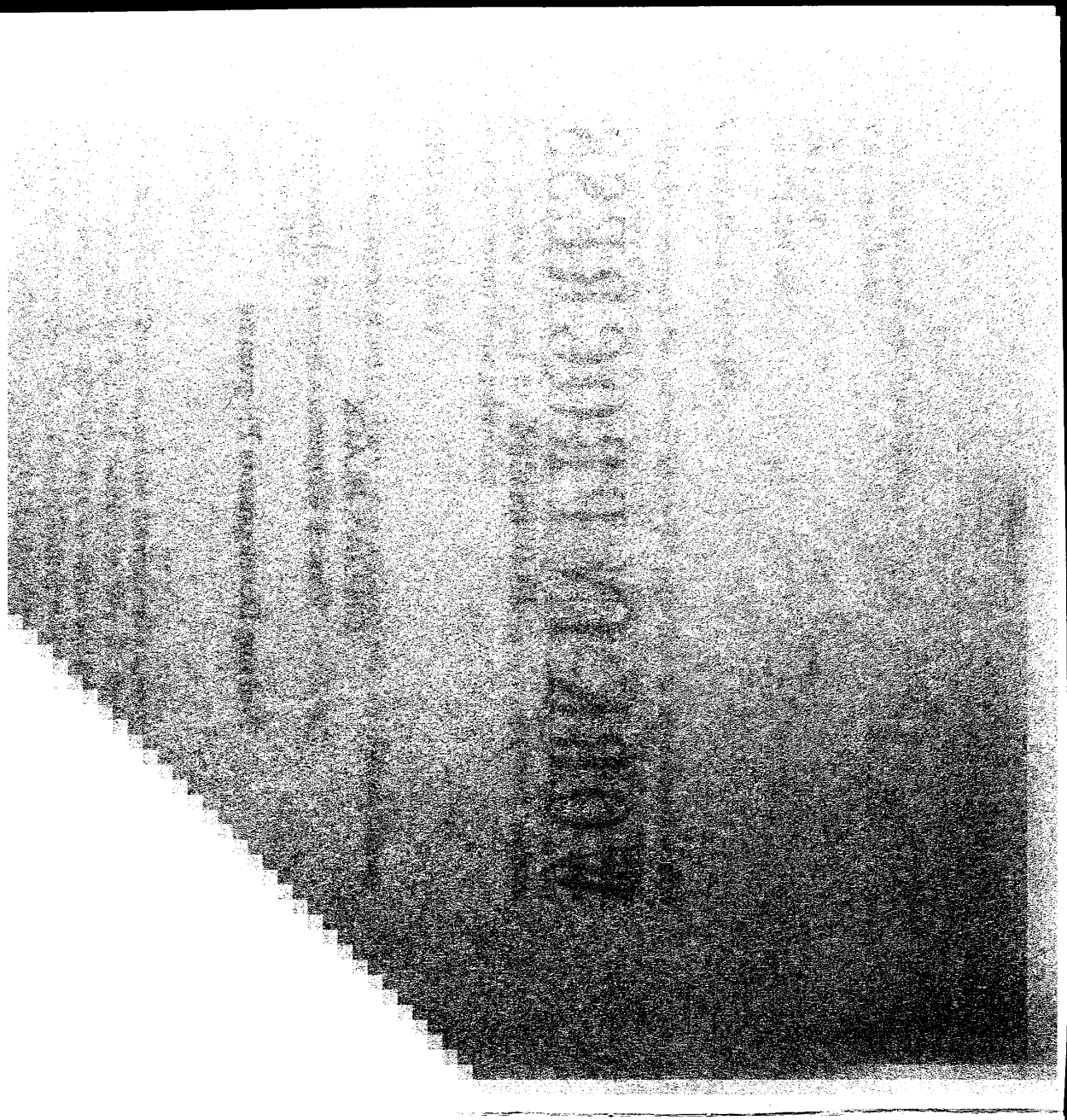

The litmus test

This set of booklets, to which this one forms the introduction, looks at some of the changes in nursing practice which nurses in four different settings are introducing. Each change described was started against a background of planned development and forms only a small part of the total work undertaken. Some of the developments are very new while others are better established but are constantly being refined. Hence the work being presented is very much 'in progress'. *The litmus test for any of the developments is whether they improve the care given to patients and their families.*

As the authors of these booklets testify, they are 'ordinary nurses', and we hope that by sharing their experiences other colleagues will be encouraged to introduce changes. These accounts of practice changes not only describe critically what good practice is, or might be, but also highlight some of the processes that went on to help the nurses get there. Some of you reading these booklets may have introduced similar developments into your own setting; as different nurses reach their goals in different ways, we hope you will find the variety of paths taken of interest, too.

A mixture of influences

Nursing accounts for almost half of NHS salaries and nurses have more contact with patients during their stay in hospital than any other profession[1]. In most hospitals, 90 per cent of all patient care is delivered by nurses[2]. It is hardly surprising, therefore, that what nurses do, and how they do it, makes a real difference to patient care.

In 1988 the King's Fund Centre set up the Nursing Developments Programme under the leadership of Jane Salvage to foster the development of nursing practice. The Centre is a charitable organisation committed to improving health and social care by supporting innovations and undertaking development work.

I joined the programme the following year to work on the Nursing Development Unit (NDU) project. Supported by monies from the Sainsbury family charitable trusts, we collaborated closely with four different NDUs in Brighton, Camberwell, Southport and West Dorset, as well as having contact and co-operation with a wide range of nurses, midwives and health visitors in other settings.

At the start of the NDU project, there already existed some excellent examples of good practice. It was also clear that a particular environment helped foster development. To arrive at an approach to nursing development, we drew on the experiences of pioneering nurses of the early 1980s[3,4], the opinions of nursing leaders and experts in organisational change. From these influences, the Centre suggested that an approach, which had already been tested in three settings, had wider application in the health service. This was a Nursing Development Unit.

An NDU is a team of nurses, based in a ward or in the community, who have as their prime purpose the development of nursing practice. Underpining the initiative is the belief that nurses themselves are well placed to introduce innovations and that changes in nursing practice can benefit patients.

Although the approach is relatively experimental, the component features and their contribution to a dynamic, nurturing and creative organisational culture are well established. Work done on 'magnet hospitals' in the United States identified a visible link between the quality of nursing care and the retention of qualified

staff. A series of characteristics were recognised as contributing to a dynamic organisation. These included a distinctive 'hands on' visionary leadership and a very strong commitment to the staff expressed in the form of staff development, staff autonomy and staff participation[2,5].

The key features of an NDU are listed in the appendix – but how they are expressed in individual units is very varied. The four units we chose to work with in the first phase of our work are very different from each other. Two are medical wards: West Dorset and Camberwell. Their client group, the circumstances in which patients are admitted to the ward, the host organisation and the nurses themselves, all contribute to a very different set of development concerns. The same is true of the two elderly care wards — one in Brighton and the other in Southport. Their common enterprise is to question the way they do things, to develop practice and to develop themselves.

'We could not stop now'

Any nurse and every nurse is an innovator. Even the simplest nursing problem requires problem solving skills, such as consulting, weighing up pros and cons, testing out new ideas and possibly influencing others. Developing nursing practice requires taking these skills and using them in a more expansive way, not just in response to an individual patient's problem, but to answer a more general health care need.

As these booklets demonstrate, once the initial spark has been lit there are a range of strategies which help us examine current ways of working:

- *Discussion and reflection* provide a major impetus for introducing changes; in some ways this seems too simple to be true. However,

looking at the set of booklets as a whole, this is an outstanding message. Whether it is the group of nurses in Southport discussing how far their practice reflected their nursing model, or the one-to-one dicussions held between nurse and non-nurse researcher in Brighton, much is achieved through discussion.

Southport team's experience is the very common one of being caught on the helter-skelter of nursing development. If you introduce one change many more will follow, and each further change necessitates further multiples of change. As one nurse said to me one year into the project, 'we could not stop now even if we wanted to.'

- Nurses in the units have successfully used *small-scale pieces of research* to look at existing practices and to evalute new practices as they are introduced. Sharon Waight's paper on bedside handover illustrates how different types of observation and the use of 'maps' to record and share her observations gave the team information about their introduction of a bedside handover.

- *Practices, well researched elsewhere*, which benefit patients and are relevant to their client group, have also been introduced. In the four units, the patient's day is largely determined by the patient's wishes, with patients going to sleep when they wish and getting up when they are ready to[6]. Most nurses in the NDUs would not see anything extraordinary in this. There is a peculiar phenomenon in nursing development that once the new practice becomes the norm, amnesia about the past seems to set in: 'we've always done it this way', or the 'wallpaper' effect.

- Closely allied is the introduction of the '*good idea*'. Although it may not have been researched in depth, there is considerable evidence that the development would be of benefit to patients

and their families. There is an element of risk involved, not to individual patients, but that the development may not achieve what it set out to do (a very honest example of this is given in Jackie Horner's booklet on the carers' panel). This sort of work is worthwhile even if it does not meet the original objectives, as long as it acts as a springboard for learning, exploration and ultimately for trying again, not necessarily the same innovation but maybe another one. Our training, quite rightly, makes us fear making a mistake in case it harms a patient, but that impulse can be very restricting in the development of practice if it means that we will only consider changes which will succeed.

Who starts the ball rolling?

Even in small units, such as those described in these booklets, the initiative required to make the change happen was not only taken by people at the top. Four of the developments described here have been led by nurses who were not, nominally, leaders of their unit, but are staff nurses or primary nurses. Both in the paper on wound management and on pain management, nurses describe how their expertise and leadership came to be valued and used by the team.

However, it is very clear that a project's success is dependent on its leader not working in isolation. There need to be others, often other 'leaders', who form a supportive group for the nurse who is taking the leadership role in that development.

Nurses introducing changes have to be aware of how to influence the nursing team, colleagues and managers. Introducing changes requires leaders to promote the project in a variety of directions: internally to the unit, 'up' the organisation to managers and 'out' to other nurses, other disciplines and other services. The patients' forum might have remained a talking shop if the wider

organisation had not been actively involved in solving the problems that patients identified.

In tandem with the leadership of the development is staff participation in, and ownership of, the development. As Jenny McGuire points out in her booklet about nutritional awareness, change requires a fundamental shift in attitude, in this case a shift towards nurses seeing themselves as health educators. Such changes in attitude are unlikely to occur unless staff own the change.

Involving all staff in the development work reflects the underlying philosophy of the units. In Brighton, Pam Phelan's part-time status was a barrier neither to her becoming a primary nurse nor to leading a development. Importantly, she was not expected to become a 'supernurse' but was given a good share of the resources available to help her complete the work.

Time to do the work has been crucial for the nurses doing this work. All the units have received funding from the Department of Health to allow them to replace a staff nurse for one day a week to undertake evaluation projects. As Amanda Evans points out in her contribution on empowerment, this is a minimal investment for considerable gain. However, much of the work described in these booklets has been undertaken in time nurses make available for each other. Development work is seen by all members of staff as a legitimate part of nursing activity and time is allocated to it. In some of the units, West Dorset for example, the nurses self-roster within their primary nursing teams, so responsibility for making that time is devolved to the grass roots.

Devolution of development functions is also key to the personal and professional growth process among staff in Camberwell NDU, where individual performance review is the responsibility of the primary nursing teams. Several of the authors of these booklets

relate how important their own development has been in introducing the change. Development of nursing and development of self are so closely intertwined that it is sometimes difficult to sort out which is the cart and which is the horse.

While many of these characteristics are or could be replicated in wards up and down the country, the NDUs have had a unique opportunity to develop new roles. Researchers based in the NDUs at Brighton and West Dorset have been available to support nurses in evaluating new practices. Where there has not been a researcher, such as in Southport, the nurses have called upon the support of researchers in the wider organisation and this is a resource open to more nurses.

What about the bosses?

Permission and encouragement from the organisation for the nurses to try out new ways of working, and if necessary to take risks, is highly valued. Several authors appreciate the freedom given to determine what developments will take place, and how.

That freedom has to be negotiated. As part of its 'routine' work, each unit has a programme for development work evolved and agreed on by the nursing team, with discussion and input from an Advisory Group which includes: managers, representatives from education, research and other disciplines as well as lay representatives. The NDU's goals, as identified by the nursing team, and those issues that managers think are important, often coincide, but sometimes they do not.

All the units are part of the regular service of the NHS. As such they have undertaken this work against a background of changes in service provision. The most threatening has been either ward

closure or complete change of usage of the ward. We all know how demoralising such prospective changes are. These units have weathered the storm, not completely unbattered but with their enthusiasm for development undimmed. They recognise the hard work required but also the heights which can be achieved.

Signposts of success

Is it possible to conclude from what these authors have to say anything about how to develop practice successfully? I think so:

- *Writing down what your goals are*, personally or as a team, can be helpful when morale is low because it is possible to look back on what has been achieved. At the beginning of a project, it is often quite difficult to identify what to tackle first. It is not so much that only one thing can be done at a time, we know that in nursing that is definitely not the case, it is more about how many dragons can we slay simultaneously. In her booklet about working with carers, Jackie Horner describes the information and demands coming back from carers as 'enormous' and sensibly they decided to prioritise five areas to work on. Sometimes it is less obvious that the task is going to be overwhelming and failure to achieve all you set out to do can be very dispiriting, as Molly Allen discovered in piloting her pain chart.

- *Reinventing the wheel* can obstruct progress. Some nurses feel that they painstakingly have to research a development themselves, even if there is a lot of evidence to support its introduction directly. Sometimes doing a piece of research will be helpful in influencing colleagues, other professionals or managers. However, it may be that other methods can be used to influence those around you: a well written proposal or a seminar with an influential speaker.

- *Evaluation* is helpful, when it tells you to what extent you are benefiting patients and identifies adjustments in practice to be made.

- *Do not be afraid of the 'good idea'* approach to development work. If you have a new idea, move heaven and earth to get it introduced. Do not be put off if you discover someone else has already done it; for every person that has done it there will be hundreds who have not.

- *When you have achieved something tell people about it*; don't let it merge into the wallpaper. When I asked people from the NDUs to write these booklets, one person said to me, 'but there is nothing new here'. My reply is that while it might not be new to her, could she say that every other ward in her own hospital practised optimal pain management, used a bedside handover effectively, or had considered how wound management could be improved?

- *What is a nightmare for one team to introduce another team may find relatively easy*. This was illustrated to me about a year ago when talking to a group of nurses. They told me about the trepidation with which they approached the introduction of primary nursing. They had felt that it would really challenge their abilities and could create tension within the team. In the event, after a period of preparation, they made a relatively smooth transition to primary nursing. They then attempted to introduce self-administration of medication to the ward, which they felt well equipped to do. This was very traumatic; despite a fundamental belief that patients could and should control their own treatments, the nurses found the change threatening. This particular change was, for them, far more difficult to introduce.

- Nursing can vary from setting to setting, but *there is also much common territory*. Forging the path on a particular development

may well come from the specific concerns of a group of nurses, but there is much to be learned about a development from a wide range of sources. The Brighton team highlight how their patients' forum could be applicable to almost any patient setting and the authors of other booklets relate specific examples of where ideas developed in one setting have been transferred to another.

The developments described in this series are ones that have not been widely discussed previously, but which make an impact. Somehow they have never achieved the 'glamour' of primary nursing. They are home-grown solutions to the problem of making care more patient-centred rather than organisationally determined.

Widespread energy

For the future, these four teams of nurses are about to hit uncharted water as they ask their host organisations to continue the experiment. It has not always been easy for their managers faced with the nursing equivalent of a vociferous and hungry-for-change cuckoo in the nest. Supporting an NDU has required some trail-blazing from chief executives, nurse executives and general managers. The future will depend on managers who value nursing, not because of any professional interest, but because it can give value added care, and who will continue to invest in their NDU at a time of increasing financial hardship

As the result of a Department of Health grant, 30 more units will receive help and support from the King's Fund Centre in the next three years. Nurses from these units and nurses in general will build on the lessons of the past three years and contribute new developments to nursing.

These 30 units were chosen from teams of nurses from 200 different settings, who recently put forward their proposals for the

development of nursing practice. Those nurses submitting proposals represent a widespread energy and resource for improving patient care which is endemic to the health care system.

Every nurse an innovator

We hope that by sharing some of the developments in the early units, other nurses will feel encouraged to put their own good ideas into practice. The ideas in the booklets are there to be taken and adapted if it will help. All the contributors welcome enquiries from colleagues trying to introduce changes in their own settings. As they are on busy wards, it is best if you write to them. The King's Fund Centre is currently developing its network for the development of nursing practice and can be contacted at the number given at the beginning of this booklet.

All nurses have the capacity to develop care. If nurses reading these booklets were to initiate just one of these developments, or its equivalent, in their setting, considerable impact could be made on the way health services are delivered. Nursing makes a underestimated contribution to health care, not just to individual patients, which is in itself very important, but also in the evolution of new forms of care and new ways of tackling health issues.

As these authors show, this work is not lightly undertaken; it is the result of hard work, imagination and self-awareness. But the rewards are also great. By being innovative, nurses will prove their worth, be seen to be more caring and benefit patients.

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Appendix

The key features of an NDU as described in literature sent to nurses interested in applying for the Department of Health grants, 1992.

Selection criteria
In order to ensure equal opportunities the following criteria have been identified to be used in the selection of units for allocation of grants. It is recognised that each unit may be at a different stage of development in relationship to each of these issues. However success is more likely if evidence can be shown of consideration of them all. The order does not indicate priority and need not be adhered to in applications:

1) Development of Nursing. The development of nursing is central to the work of an NDU and a clear statement of the way in which this will be achieved is essential. Evidence is needed of the vision towards which the unit is working, together with a focused strategy which outlines how this progress will be made. This may include:- — an outline of the philosophy and values held by the unit staff; — a clearly expressed core purpose of the development work, including a statement of the aims and expected outcomes; — an outline plan of the way in which these outcomes may be achieved, including a tentative time scale; — an indication of who will be involved with, and take responsibility for different aspects of the project; — a justification of the priorities within the project in meeting both professional and organisational goals.

Both small and large scale development can bring benefits to patients and their families and are of equal importance to the whole project.

2) Clinical leadership. Successful and lasting change depends largely on the presence of strong clinical leadership. It is therefore important that a clinical leader who has day to day responsibility for the delivery of nursing care can be identified. It is also helpful to know whether this is the person who will act as the major change agent, with responsibility for the progress of the project.

3) Commitment from the Organisation. No change can take place in isolation and it is important to establish the place of an NDU within the wider organisation. To this end it is helpful to establish a steering group who can assist in reviewing activities, disseminating information about the purpose and work of the NDU, and offering support and guidance.

Similarly it is important that there is an organisational climate which is conducive to change, showing openness, trust, effective communication and freedom from inappropriate constraints.

The impact of an NDU can and should be wide reaching both within and beyond nursing. Thus evidence of the support and commitment from senior nurses in managerial or educational roles, medical and para medical colleagues, unit general managers or chief executives, and members of the health authority is advisable.

The purchaser-provider scenario also needs to be given consideration. The role of an NDU as the provider of service and the interest of the purchaser in future commissioning of these services needs to be addressed. Any changes which have

implications in relationship to the provision of a specific service need to be considered.

4) Staff participation. It is vital that all unit staff are encouraged to take ownership of the project from the outset in order that the whole team becomes committed to its success. The manner in which they have been, or will be involved should be clearly identified. A profile of the current and/or future clinical nursing team involved in the project may be helpful. Where new roles are being devloped thought should be given to lines of responsibility and accountability.

5) Staff development. An important aspect of any development work is the growth of the staff themselves as well as of the service. Indeed empowerment of nurses is seen as one way through which patients may be empowered. This may entail the provision of both formal and informal learning opportunities, as well as the provision of personal support. There may be resource implications other than direct financing such as availability of time and facilities. Evidence of the way in which these needs can be met needs to be given consideration, bearing in mind that continuing education need not always take place in a formal arena.

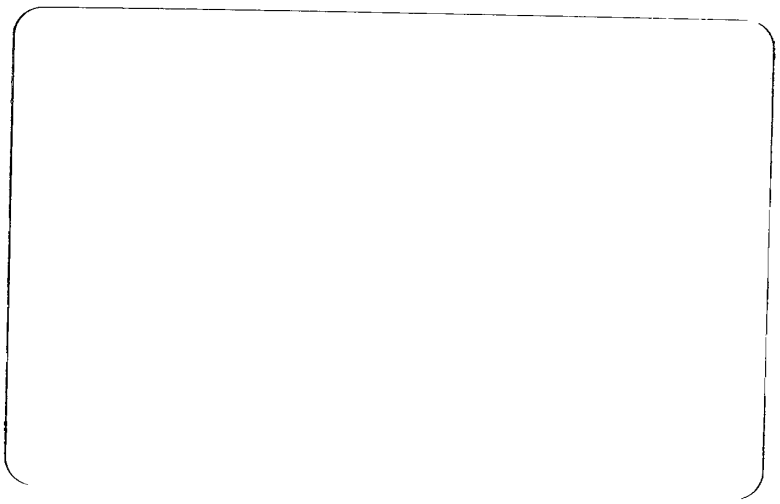
6) Evaluation. While all people involved in the delivery of a health care service are concerned with improvements in quality, different groups may have specific interests in different aspects. Thus when planning evaluation strategies it may be helpful to consider who will be interested in the outcomes of the project. In this way criteria can be identified which would be pertinent to a wider audience. For example, cost effectiveness is evidently of concern to those with managerial responsibilities, while changes in clinical outcomes may be more pertinent to professional health care workers.

As a general principle it is helpful to use more than one approach to evaluation and where appropriate to take advantage of the wide number of tools which are already available. Collecting base line data (how things are now) and measuring progress over time can reassure the NDU team and provide vital evidence of change as well as pointers for future development.

There is a great emphasis being placed on the importance of 'outcome measures' in the current health care climate and wherever possible information of this type would be very helpful.

7) Finance Evidence will be sought of current and continuing commitment by the health authority/ Trust board for providing adequate resources for the unit. Costing for the use of additional resources which may be grant funded should also be produced. It is helpful if these are broken down under sub-headings, such as salaries, equipment, educational development, clerical, consumables. Predicted changes in local financial arrangements should be outlined and implications for the NDU considered. We would recommend that inflation is costed at a 10% rise for years two and three to allow a safe margin.

8) Equal Opportunities. The Kings Fund Centre is committed to equal opportunities for staff and users of health services and some evidence of how this is being addressed within the unit would be appropriate.



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This series looks at some of the ways nurses in Nursing Development Units (NDUs) have tried to make their nursing more beneficial for patients. The nurses assess to what extent their initiatives really do contribute to patient well-being and what has helped them bring about the changes. Each book will help nurses to introduce new ideas to their work and will suggest ways to evaluate changing practices.

The four NDUs which have contributed to this series have been supported by the King's Fund Centre and the Sainsbury Family Charitable Trusts since 1989 as part of a three-year project. A further 30 new projects have just received funding from the Department of Health and join the growing network of Nursing Development Units.

In this booklet, Gillian Black, the project worker, draws together some of the themes from this series and examines the factors which help nurses introduce changes which benefit patients.

KING's FUND CENTRE